DOCUMENT RESUME

ED 210 594 CG 015 619

AUTHOR Chenoweth, Barbara; And Others
TITLE Didactic/Experiential Program for Memory Strengthening.
INSTITUTION Michigan Univ. Hospital, Ann Arbor. Turner Geriatric Clinic.
SPONS AGENCY Administration on Aging (DHEW), Washington, D.C.
PUB DATE Nov 80
GRANT AoA-78-1810-J1
NOTE 40p.; Paper presented at the Annual Scientific Meeting of the Gerontological Society (33rd, San Diego, CA, November 21-25, 1980).

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Adult Development; Aging (Individuals); Cognitive Development; Cues; Individual Needs; Learning Processes; *Memory; *Older Adults; *Peer Counseling; Program Descriptions; Retention (Psychology); *Self Help Programs; *Skill Development

ABSTRACT

This paper describes a program for memory strengthening for older adults which combines lectures by experts with small group discussions. The importance of peer counselor involvement, particularly in focusing on the concerns of older people and the most effective ways to address these concerns is emphasized. Program objectives, session topics, and format are outlined, followed by a publicity sample designed to attract participants. Outlines are provided for both lecture and small group sessions. The lecture outlines suggest topics that can be discussed by physicians, nurses, social workers, nutritionists, and pharmacists. Although the order of the lectures can be rearranged, it is suggested that the presentation on depression and stress take place after the group becomes cohesive. The need for adequate question and answer time following the lectures is also stressed. Premises, activities, and resource materials are listed for each small group session. The order of topics for small group sessions reflects the program's efforts to build upon previous sessions and to introduce more complex concepts. The presentation of the program is described in the concluding section and participants' reactions are given. Several forms and relevant materials are included in the appendices. (NRB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED210594

DIDACTIC/EXPERIENTIAL PROGRAM FOR MEMORY STRENGTHENING

Barbara Chenoweth, R.N., M.S.
Paul Snearline, Peer Counselor
Lucinda Stevens, M.A.
Bea Wooley, Peer Counselor

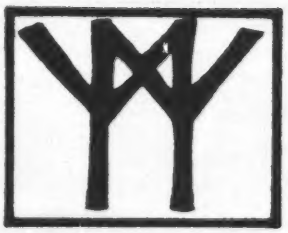
U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Barbara Chenoweth

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."



Turner Geriatric Clinic
University of Michigan Hospital
1010 Wall Street
Ann Arbor, Michigan 48109

Poster Presentation at the 33rd Annual Scientific Meeting of The Gerontological Society of America, San Diego, California, November 1980.

CG015619

PREFACE

Our interest in memory and aging was stimulated by a health education workshop in March 1978. This workshop was planned and developed for older adults in the community by peer counselors and staff at the Turner Geriatric Clinic, an out-patient clinic of the University of Michigan Hospital, Ann Arbor. A grant from the Administration on Aging, #78-1810-J1, funded our "Peer Support System" project in October 1978 thus enabling peer counselor programs, such as this, to grow and to flourish.

The ideas and methods for the Memory Strengthening Program were developed by two peer counselors and Clinic staff. As a planning group we discussed questions about memory which interested us: will certain foods improve memory? Are sleeping pills harmful? We had noticed forgetfulness in new widows and others experiencing stressful life changes. We concluded that our program must offer basic information about the various dimensions of memory. And that it must provide practical suggestions for ways in which memory can be improved in everyday life. Our suspicion was that normal changes in memory were intensified by worry about eventual decline. From our discussions the goals of the program were formulated to include ways to preserve and strengthen memory and ways to change the misconception that memory decline is inevitable.

Our format is based upon the Peer Support System model which combines lecture by an expert with the more personal, small group discussion. Professionals within the University of Michigan are invited to speak for an hour but to allow considerable time for questions. The small groups are co-facilitated by peer counselors and staff thereby providing continuity and a link with the other services of the Turner Clinic.

Peer counselor involvement is another feature of the Peer Support System model. Not only does the program benefit from the peer counselors' ideas and experience, but participants can see in the example set by the peer counselors that active involvement and learning have very little to do with age. As peer counselors and staff we each contribute our opinions and experience in the selection of lecture topics, the development of small group activities and the formation of questionnaires. We share responsibility for introducing speakers, facilitating groups, planning and evaluating each session. The peer counselor participation is invaluable, particularly in focusing on the concerns of older people and the most effective ways to address these concerns.

The following pages contain outlines of our lectures and small group sessions for the practioner. The lecture outlines suggest information that can be discussed by physicians as well as nurses, social workers, nutritionists and pharmacists. The order of the lectures can be rearranged although we suggest that the presentation on Depression and Stress take place after the group becomes cohesive. The importance of an adequate question and answer period (20-30 minutes) cannot be emphasized enough. The order of the topics for the small group sessions reflects our efforts to build upon previous sessions and to gradually introduce concepts of increasing complexity.

ACKNOWLEDGEMENTS

We wish to thank our lecturers, Dr. Howard McClusky, Dr. Wolfgang May, Dr. Edward Domino, Dr. Aaron Smith, Dr. Gail Barton and Pharmacist Julie Reynolds, of the University of Michigan, for their willing participation. We appreciate the encouragement and suggestions of Ruth Campbell, Director of the Peer Support System Project, and the assistance of Berit Ingerson in the preparation of this booklet.

TABLE OF CONTENTS

Objectives 1

Session Topics 1

Format 1

Publicity Sample 2

Lecture Outlines

Normal Changes of Memory with Aging 3

How Drugs Can Affect Memory 3

Illnesses that Affect Memory 3

Effects of Nutrition on Memory 4

Current Research on Memory 4

Effects of Depression and Stress on Memory 5

Panel of People Who Use Their Memories in Their Work 5

Small Group Practice and Discussion Outlines

Introductions 6

Associating Names with Faces 6

Using All of the Senses 7

Developing Imagination 8

Classifying Information 9

Coping with Changes 10

Memory Aids 10

Conclusion 12

References 13

List of Appendices 14

OBJECTIVES

1. To inform about the normal changes of memory with aging.
2. To inform about the effects of drugs, illness, nutrition and stress on memory.
3. To discuss and practice techniques to strengthen memory.
4. To relieve worry that memory changes inevitably lead to "senility."

SESSION TOPICS

I. Normal Changes of Memory with Aging
   Small Group Practice and Discussion: Introductions

II. How Drugs Can Affect Memory
   Small Group: Associating Names with Faces

III. Illnesses That Affect Memory
   Small Group: Using All the Senses

IV. Effects of Nutrition on Memory
   Small Group: Developing Imagination

V. Current Research on Memory
   Small Group: Classifying Information

VI. Effects of Depression and Stress on Memory
   Small Group: Coping with Changes

VII. Panel of People Who Use Their Memories in Their Work
   Memory Aids

FORMAT - SEVEN TWO-HOUR SESSIONS

1. First Hour - Lecture by professionals.
   Allow twenty minutes for questions and answers.
2. Break for ten minutes.
3. Second Hour - Divide into small groups (10 to 12 people) for practice and discussion of memory exercises. Small groups are co-facilitated by peer counselors and staff.

Publicity Sample

MEMORY GROUP

Turner Geriatric Clinic
1010 Wall Street
Ann Arbor, Michigan 48109
March 4, 1980

WOULD YOU LIKE TO IMPROVE YOUR MEMORY?

Older people who have problems with their memory are invited to attend a series of classes exploring the nature of memory and age-related changes in memory. The classes will focus on improving personal memory difficulties or finding ways of helping friends and relatives. In the first hour of each class, a speaker will discuss a different aspect of age-related memory loss with time for questions and answers. The second hour of each class will be devoted to problem solving techniques and exercises to improve the memory.

TOPICAL SUMMARY

1. March 25th - Normal Changes of Memory with Aging
2. April 1st - How Drugs Can Affect Memory
3. April 8th - Diseases That Affect Memory
4. April 15th - Nutrition As It Affects Memory
5. April 22nd - Current Research on Memory
6. April 29th - Affects of Depression, Stress, and Loss on Memory
7. May 6th - Panel of Individuals Who Use Their Memory Professionally

The Memory Group will meet every Tuesday for seven weeks from 10 a.m. to 12 noon. There is no fee for attending the classes. For more information, help with transportation, or to let us know you plan to attend, please call Lucinda Stevens or Barbara Chenoweth at 764-6831.

LECTURE OUTLINES

I. Normal Changes of Memory with Aging

A. Societal views of aging must be challenged:
   1. "Senility" is not inevitable.
   2. Older people continue to learn.
   3. Memory lapses are noticed and expected in the elderly while the same are overlooked in younger people.

B. Overview of memory stages - storage, retention and retrieval.

C. Changes in memory with age include:
   1. Recall becomes slower.
   2. Systems of classification are altered.
   3. Learning new material may take longer.
   4. An explanation of past research and its re-examination.

D. Physical and mental activity may be the most important prevention for memory decline.

II. How Drugs Can Affect Memory

A. Many normally prescribed medications have adverse side effects, ie. loss of memory, bad dreams, a slowing of motion.

B. There is a very narrow margin between the therapeutic and the toxic dose of many drugs.

C. Discussion of drugs most likely to interfere with memory.
   1. Sleeping pills
   2. Tranquilizers and muscle relaxants
   3. Blood pressure pills
   4. Medications for ulcers
   5. Over the counter drugs which contain antihistamines, anti-nauseants, sleeping pills.

D. Drugs used to improve memory: Although this is an area of considerable research, so far medications have not been very successful in improving memory.

E. Discussion of the effects of alcohol.

III. Illnesses That Affect Memory

A. Illness may produce temporary changes in memory. With treatment of the illness, the memory change will correct itself.

1. Heart, lung disease
2. Fever and infection, ie. pneumonia
3. Anemia
4. Dehydration
5. Alcoholism
6. Poor nutrition, especially of vitamin B_{12} and B_6

B. Diseases of the brain are not noraml processes; Senile dementia, Alzheimer's, Organic brain disease are names for the chronic, progressive condition which affects a small number of people.

C. Changes in memory can be a sign of illness or stress or drug intoxication and require thorough evaluation by a physician.

D. It is important to emphasize the complexity of evaluating a memory change and the fact that many changes can be treated.

IV. Effects of Nutrition on Memory

A. Discussion of:
1. Chemistry in the brain which is influenced by nutrition.
2. Vitamins which affect brain function.
3. Dietary considerations to insure efficient brain functioning.
4. Directions of current research.

B. Continuing research on the effects of nutrients on memory is extensive and encouraging.

C. Discussion of research on lecithin.

V. Current Research on Memory

A. Current research to determine the cause and possible help for memory losses has shown that left-handed people are more susceptible to stroke but the successful rehabilitation rate is higher.

B. Memory can be improved by:
1. Multi modality recall - Using all of the senses, one can remember to buy milk at the store by writing the word on paper, rubbing milk on the hand, drinking it, and thinking about your preference for it.
2. Practice (rehearsal) before doing something.
3. Toleration of limitations.
4. Avoidance of fatigue.
5. Motivation to learn - we remember what we like and what we want to learn.
6. Understanding and reassurance of ourselves and others.

VI. Effects of Depression and Stress on Memory

A. Discussion of signs of depression and stress.

B. Discussion of ways to cope. Case studies and examples are very helpful.

C. It is important to distinguish "real" memory changes from the fear of "losing my mind."

D. Distraction and the lack of concentration associated with stress can be confused with memory loss. Anxiety interferes with the ability to concentrate; worry about memory loss intensifies the anxiety.

E. The cycle of increasing anxiety can be broken by attending to problem-solving, allowing time to adjust, talking to a friend or therapist, and being mentally and physically active.

VII. Panel of People Who Use Their Memories in Their Work

A. Individuals develop their own strategies to aid and to strengthen memory.

B. A panel discussion illustrates various strategies that people invent and suggests that the audience not only does the same but can learn new strategies.

C. Our panel, for example, includes a waitress, musician, actor and bus driver. Each describe the specific strategies they use to perform their work.

D. The audience is invited to add their experiences to the discussion.

SMALL GROUP PRACTICE AND DISCUSSION

SESSION I. Introductions

Premise: Learning names introduces members to each other, introduces principles of remembering and addresses the common concern of forgetting names.

Activities:

1. Ask each person to fill out Questionnaire (Appendix I.) which helps to identify the kinds of things which are forgotten.

2. Beginning with the leader, each person introduces him/herself and tells something about his/her name, ie. its origin, meaning. Other members contribute what associations they make to the name. Each participant receives a name tag.

3. Emphasize that we cannot remember everything. We must decide what is important to remember. Some things can be written down. Other things can be remembered through practice.

4. Discuss "Best Time to Learn" (Appendix II.)

5. Collect name tags.

Materials:

1. Questionnaires
2. Name tags
3. "Best Time to Learn" - to take home.

SESSION II. Associating Names with Faces

Premise: Association of names with facial features emphasizes the principles of remembering: observation, concentration and imagination. Practice and repetition reinforce these principles.

Activities:

1. Ask each person to take a name tag with a name they recognize and give it to the right person. Have each person introduce the person to whom they gave a name tag.

2. Pass out pictures with names (Appendix III.) and discuss features of the faces. Stress any association between the name as it is pronounced or make one up. Collect pictures.

3. Pass out pictures without names (Appendix IV.) and identify the faces.

4. Discuss what helped to remember and what interfered.

5. Discuss the fact that remembering is affected by the senses: Some of us take in most information through the eyes, others through the ears or through movement. To distinguish between eye-minded, ear-minded, or motor-minded orientations, ask each person to write down the first word which comes to their thoughts:

a. wall	f. river
b. cake	g. letter
c. book	h. bird
d. noise	i. flag
e. file	j. hat*

There are two ways to respond to these words; one way is to answer with words that sound like the given word:

a. hall, ball, vault
b. make, bake, take
c. poise, choice, moist
etc.

Or, to answer with words that reflect what the person saw when the the word was spoken, the picture that came to mind:

a. picture, paper, ceiling
b. flour, sugar, icing
c. page, illustration, text
etc.

6. Collect name tags.

Materials:

1. Face pictures with and without names
2. "Name Associations" - to take home (Appendix V.)
3. Pencils and paper

SESSION III. Using All the Senses

Premise: Forgetting is mistaken for not learning in the first place. Often we simply do not register new information. Developing the ability to learn through all of the senses improves the registration of information thereby strengthening memory.

Activities:

1. Have each person take a name tag and identify the person with the name.

*From Bruno, Stop Forgetting, p. 24.

2. Review last session by holding up the pictures without names and having members identify the face with the name.

3. Discuss the effects of decreased vision and hearing on the ability to remember. Stress the importance of careful observation and listening. Discuss ways to compensate for limited vision and hearing.

4. To practice observation: Post a large picture with detailed activity, people and objects. Allow three minutes to study it. Ask the group to write down answers to questions about the picture (Appendix VI.). Discuss the kinds of things that are remembered, ie. details or general impressions. Point out that these differences reflect individual differences, interests and preferences. Ask how this is noticed in everyday life.

5. To practice listening: Have members close eyes and be silent for two minutes. Discuss the sounds in the room that each person heard.

6. To practice touch: Ask the group to close eyes. Hand an object to each person. After they have touched it, have them write down what it was. Pass it on to the next person. Discuss the textures, which objects were difficult or easy to identify, and how touch can be used to make associations. Ask if anyone used smell to help with the identification.

7. Collect name tags.

Materials:

1. Picture and prepared questions
2. Objects to pass around - wax candle in the shape of ice cream cone, walnut in shell, tape measure, tea bag, whole nutmeg.
3. Pencils and paper

SESSION IV. Developing Imagination

Premise: Associations are made between objects and ideas which are similar or are opposite. Imagination develops the ability to invent relationships between objects which have no obvious clues.

Activities:

1. Review names by having members give name tags to each other.

2. Review previous session by again asking the questions about the picture. Usually the group remembers a considerable amount. However, it is helpful to discuss the influence of the passage of time, the meaningfulness of the learned information, and the frequency

of its use on the ability to recall the picture.

3. Introduce the concepts of imagination and logical sequence. Pass out the Imagination Exercise (Appendix VII.). Discuss what is happening in the picture. Notice size of objects, sequence, and repetition of objects in pairs.

4. After the group uses its imagination to devise several stories to connect the objects, have each person write down the complete sequence. Ask how this concept can help the problem of forgetting where something was placed or for what purpose the trip to the basement was made. Discuss why it is hard for some of us to use our imaginations.

Materials:

1. Imagination exercise
2. "We Usually Remember" - to take home (Appendix VIII.)
3. Pencils and paper

SESSION V. Classifying Information

Premise: Putting information in an order which has meaning, so that similarities and differences are emphasized, strengthens memory.

Activities:

1. Review names by having members introduce each other without using name tags.

2. Pass out Classification Exercise (Appendix IX.). Have the group look at the first set of words for three minutes. Ask them to write down as many words as they remember. Without any systematic attempt to organize the words, the result is poor.

3. Have the group look at the second list of words and discuss the possible categories into which the words may fall. Allow three minutes to study the list. Write down the words that are recalled. Discuss the effects of the categories.

4. With the third list, allow three minutes for the group to select categories and to classify the words. Write the words that are remembered.

5. Discuss how the categories were selected, which words were remembered, what improvements were made, how this principle can be applied in everyday life. Discuss the ways in which the members have been using this principle without being fully aware of it.

Materials:

1. Classification exercise
2. "Memory and Aging" - to take home (Appendix X.)
3. Pencils and paper

SESSION VI. Coping with Changes

Premise: Emotional states resulting from depression, stress, anxiety, and loneliness interfere with the ability to remember. Coping effectively with life problems and stresses strengthens memory.

Activities:

1. Review names.

2. Pass out Stress Scale (Appendix XI.) and ask members to identify a stressful change that they have experienced. Notice that any change, even a positive one, produces stress. Discuss the intensifying effects of multiple changes. Change can alter the structure of everyday life, and structure provides many of the cues which stimulate remembering. Consider that change offers the opportunity to grow, that even undesired change may have positive sides.

3. Discussion questions:

   a. How did this change affect your memory? your ability to concentrate?

   b. How did you deal with it?

   c. What helped?

   d. What other ways can you think of which help to get past difficult times?

Materials:

1. Stress scale
2. "Dr. Barton's Helpful Hints" - to take home (Appendix XII.)

SESSION VII. Memory Aids

1. Memory Aid Table - prepare a display of memory aids, ie. pill boxes with separate places for each day/time of medicene regime,

note pads, calenders etc. Engage the group in a discussion of the items. Ask for their suggestions, what they do to help remember: systems, devices and aids.

2. The group remains together until the last twenty minutes when the small groups meet to fill out the Final Evaluation (Appendix XIII.). At this time the members may want to discuss what they found helpful or not so helpful about the total experience.

CONCLUSIONS

Eighteen people attended the first session, but by the third session the attendance had increased to 32. The ages ranged from 52 to 91, with an average of 70 years. The group was composed of 5 men and 27 women, and their average education was college graduate. On the pre-group questionnaire, 91% said that a good memory was necessary in their work. Eighty-eight per cent had experienced one or more life changes in the past five years.

We observed that in the lecture sessions the participants asked many questions about memory as well as about topics other than memory. For example, the pharmacist answered questions ranging from the effects of sleeping pills to the differences in aspirin. The psychiatrist explained what psychotherapy is like and how it can help one cope. The benefits of such a discussion extend beyond the acquisition of new information, although that is important too. People can ask questions of an expert which for most is not a frequent occurence. They can see that the most knowledgable lecturer does not have all of the answers. However, the presence of an expert legitimizes concerns, as one member said, "finally someone has taken me seriously." Another said, "The problem of memory loss is important and not just an idle worry of mine."

We have found that a relaxed atmosphere which de-emphasizes performance is one of the most important qualities of the small group sessions. People feel free to discuss their fears about memory loss within the context of a non-threatening, structured exercise. During discussions there are many opportunities to challenge the notions that everything must be remembered, and that memory loss is inevitable.

In response to questions on the Final Evaluation, all answered that they had learned some new information about memory. Ninety-six per cent noticed some change in their ability to remember, and all found it helpful to share experiences and ideas with other people in the group:

"I learned ways to remember which I didn't know"

"without a will to learn, one will not make an effort"

"it helps to know other people feel the same way"

"we should keep meeting to boost each other up"

REFERENCES

Alpaugh, P. & M. Haney, Counseling the Older Adult, Ethel Percy Andrus Gerontology Center, University of Southern California, 1978.

Executive Skills: How to Develop a Better Memory, Vol. II., No. 79-5, May 1979.

Furst, B., Stop Forgetting, Doubleday & Company, New York, 1979.

Henig, R., Exposing the Myth of Senility, New York Times Magazine, 158-167, December 3, 1978.

Hultoch, D., Changing Perspectives on Basic Research in Adult Learning and Memory, Educational Gerontology, 2:367-382, 1977.

Lamb, L., ed. The Aging Mind, The Health Newsletter, Vol. XIV., No. 2, 1979.

Lorayne, H. & J. Lucas, The Memory Book, Ballantine Books, New York, 1974.

Zarit, S., Gallagher, D., Kramer, N., and Walsh, D., The Effects of Group Training on Memory and Memory Complaints. Paper presented at APA, San Francisco, 1977.

APPENDICES

I. Questionnaire

II. The Best Time for Learning

III. Faces with Names

IV. Faces without Names

V. Name Associations

VI. Picture Questions

VII. Imagination Exercise

VIII. We Usually Remember

IX. Principles of Classification

X. Memory and Aging

XI. Stress Scale

XII. Dr. Barton's Helpful Hints

XIII. Final Evaluation

QUESTIONNAIRE

THIS QUESTIONAIRE IS TO HELP YOU CLARIFY THE AREAS WHICH CAUSE THE MOST DIFFICULTY IN REMEMBERING. AT THE END OF THE CLASSES IT WILL BE FILLED OUT AGAIN SO THAT YOU CAN SEE WHAT CHANGES HAVE BEEN MADE. THIS WILL HELP US TOO--TO SEE IF THE CLASSES WERE HELPFUL AND HOW WE CAN IMPROVE FUTURE ONES.

HOW WELL DO YOU:	NOT WELL			VERY WELL
1. REMEMBER WHERE YOU PUT SOMETHING?	1	2	3	4
2. REMEMBER APPOINTMENTS?	1	2	3	4
3. REMEMBER WHAT YOU STARTED TO SAY?	1	2	3	4
4. REMEMBER WHAT YOU WENT TO GET?	1	2	3	4
5. REMEMBER NAMES?	1	2	3	4

DO YOU:	A LOT			NEVER
1. WORRY ABOUT FORGETTING?	1	2	3	4
2. FEEL "DOWN IN THE DUMPS"?	1	2	3	4
3. FEEL EMBARRASSED ABOUT FORGETTING?	1	2	3	4

1. WHICH DO YOU REMEMBER EASIER?

_____ RECENT EVENTS

_____ PAST EVENTS

_____ NO DIFFERENCE BETWEEN PAST AND RECENT EVENTS

2. DID YOU PRIDE YOURSELF IN YOUR GOOD MEMORY WHEN YOU WERE YOUNGER?

_____ YES

_____ NO

3. WAS HAVING A GOOD MEMORY NECESSARY IN YOUR JOB OR IN YOUR DAILY LIFE?

_____ YES

_____ NO

4. HAS YOUR MEMORY BECOME WORSE?

_____ IN THE LAST YEAR

_____ LAST 5 YEARS

_____ LAST 10 YEARS

_____ ALWAYS POOR

5. DO OTHERS (RELATIVES, FRIENDS) NOTICE THAT YOU ARE FORGETTING MORE?

_____ YES

_____ NO

6. IN THE LAST 5 YEARS, HAVE YOU EXPERIENCED:

_____ DEATH OF SPOUSE OR CLOSE FRIEND OR RELATIVE

_____ A MOVE TO A NEW LIVING SITUATION

_____ ILLNESS OR HOSPITALIZATION

_____ RETIREMENT FROM JOB

_____ ANY OTHER MAJOR CHANGE IN YOUR LIFE (PLEASE INDICATE, IF POSSIBLE, WHAT THIS IS.)

7. PLEASE STATE WHAT YOU HAVE THE MOST DIFFICULTY IN REMEMBERING:

8. PLEASE STATE WHAT YOU REMEMBER WELL:

NAME_____ AGE_____ MARITAL STATUS_____

ADDRESS_____ PHONE_____

EDUCATION_____

TURNER LEARNING PROGRAMS

THE BEST TIME FOR LEARNING

Are You a Morning or Evening Sleeper?

What is the best time for learning?

It depends to a large degree on sleeping patterns. We can roughly classify people according to their sleeping patterns into two broad categories: "evening sleepers" and "morning sleepers."

There are persons who fall asleep immediately upon going to bed, and after a very short time their sleep reaches its soundest depth. Toward morning it becomes lighter; they wake up instantly and there is no long-drawn-out transition between sleep and full awakening. The depth of their sleep is easily tested by the fact that noises which do not disturb them in the evening wake them up in the morning.

Just the opposite holds true with regard to the morning sleeper. At night he/she needs a good while to fall asleep, and during the first hours his/her sleep is so light that the slightest niose wakes him or her. During the morning hours, however, his sleep is deep, and the transition from sleep to waking takes quite some time.

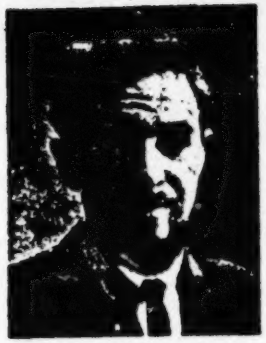
Generally speaking, and admitting occasional exceptions, we may say that the evening sleeper learns and memorizes best in the morning. At that time the senses are at the height of their effiency and the brain cells are wide open for new impressions. The contrary, of course, holds true for the morning sleeper. He or she feels more or less drowsy in the morning and reaches the height of capacity toward noon or even during the afternoon. Naturally, for him/her the evening hours are the best time for learning difficult material.

Ofcourse, there are other factors which enter into the picture. What is your mental capacity, and how much mental work must you accomplish during the day? If we compare two persons with equal mental powers, the person who has to deal with difficult problems all day long will be less receptive to new impressions in the evening than a counterpart whose daytime work is accomplished in a more or less mechanical way. The conclusion which can be drawn from the above is that if we want to study and work at peak efficiency, we should take the various determining factors into account as far as practicable.

Taken from Stop Forgetting by Dr. Bruno Furst

MR. LIPTON

MISS ALMOND



MR. VILLANOVA

MR. ASHFORD

MRS. FULTON

MRS. BALDINI

MR. WAVERLY

MISS DIMPSON

MR. SCHNEIDER

MISS TEIXEIRA

APPENDIX III

Taken from Stop Forgetting by Dr. Bruno Furst

Taken from Stop Forgetting by Dr. Bruno Furst

My score is_____points

APPENDIX IV

TURNER LEARNING PROGRAMS

April 1, 1980

MEMORY GROUP: ASSOCIATION NAMES

1. Telling a story or making up a story to associate with the name.
2. See if the name has meaning in and of itself
3. Do you know someone with the same name?
4. Does it sound like some other word which has meaning?
5. Faces:
   -look at the person's face, select 2 or 3 outstanding features, preferably those which cannot change.
   -ears,in general,are striking.
   -noses
   -lips
   -chin, eyes etc.
   -Exaggerate this outstanding characteristic in your mind, notice a trait or a feeling come through--use your intuition.

6. Connecting Names with Faces
   Must make an association between:
   1. the name and its meaning or substitute
   2. the face and its distinguishing features

REMEMBERING NAMES BASIC PRINCIPLES

1. GET THE NAME CLEARLY AND CORRECTLY
2. REPEAT THE NAME AND INTRODUCTION
3. WRITE THE NAME DOWN IF POSSIBLE
4. FIND MEANING IN THE NAME OR A SUBSTITUTE
5. OBSERVE THE FACE AND APPEARANCE
6. SELECT SOME OUTSTANDING FEATURES
7. ASSOCIATE THE NAME AND THE PERSONAL FEATURES
8. USE THE NAME IN CONVERSATION

TURNER LEARNING PROGRAMS

PICTURE: Yellow, Yellow by Mark Stamaty

QUESTION ABOUT THE PICTURE:

What kind of shop is in the picture?

delicatessen

What are the people doing?

How many people are there?

seven

Name the groceries.

carrots, lettuce, eggs, peas, cornflakes, bread, spag. sauce, milk, soup, crackers, cookies, bag marked 62¢, celery, cans and bottles without lables.

Describe the person in the left-hand corner of the picture.

Describe the store front. What is the name?

What expressions are on the faces of the people?

What are the shoes like?

--clothes?

--hair?

What is the man doing in the delicatessen?

How many grocery bags?

five

What does the woman have on her head?

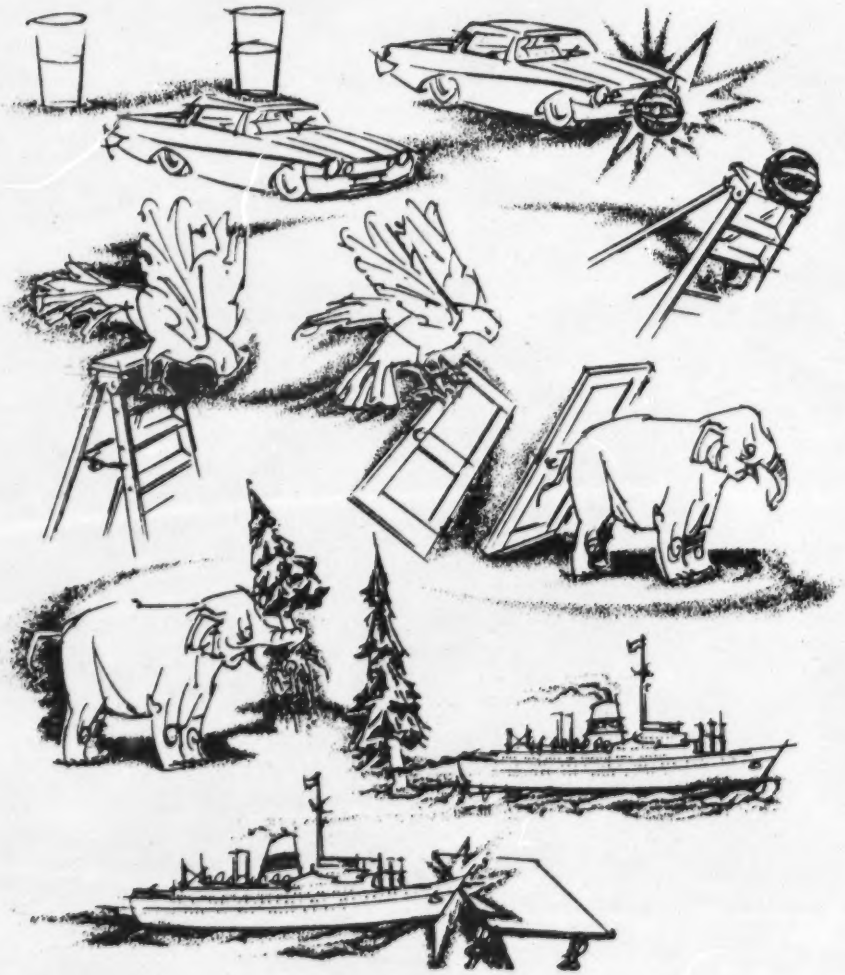
a can of peas

What is written on the sign on the store above the football player's head?

"Please enter store by door"

TURNER LEARNING PROGRAMS

IMAGINATION EXERCISE



TURNER LEARNING PROGRAMS

ACCORDING TO DONALD AND ELEANOR LAIRD IN THEIR BOOK CALLED TECHNIQUES FOR EFFICIENT REMEMBERING, THESE ARE THE THINGS WE ARE ALL MOST LIKELY TO REMEMBER AND FORGET:

WE USUALLY FORGET

NAMES (OF THINGS AS WELL AS PEOPLE)

NUMBERS AND DATES

UNPLEASANT THINGS

WHAT IS LEARNED BARELY ENOUGH TO REMEMBER IT

FACTS AT ODDS WITH OUR BELIEFS AND PREJUDICES

WHAT WE LEARN BY CRAMMING

OUR FAILURES

WHAT WE PICK UP INCIDENTALLY WITHOUT TRYING TO REMEMBER IT

THINGS WE THINK OF ONLY ONCE OR TWICE AFTER REMEMBERING THEM

MATERIAL WE DON'T UNDERSTAND

WHAT WE TRY TO REMEMBER WHEN EMBARRASSED, FRUSTRATED, IN POOR HEALTH OR FATIGUED.

WE USUALLY REMEMBER

PLEASANT EXPERIENCES

WHAT WE REVIEW BEFORE GOING TO BED

THINGS THAT SEEM TO US WORTH REMEMBERING

THINGS WE TALK ABOUT OFTEN

WHAT WE GIVE TIME TO SINK IN BEFORE GOING FURTHER

LONG OR DIFFICULT MATERIAL WE STRETCH OURSELVES TO LEARN

MATERIAL WE REVIEW, OR THINK ABOUT OFTEN

FACTS AND TOPICS THAT INTEREST US

OUR SUCCESSES

MATERIAL THAT MAKES SENSE TO US

MEMORIES TIED IN WITH MUSCULAR SKILLS

WHAT WE USE MOST FREQUENTLY

WHAT WE HAD A MOTIVE TO REMEMBER FOR A LONG TIME WHEN WE WERE FIRST LEARNING IT.

TURNER LEARNING PROGRAMS

THE PRINCIPLES OF CLASSIFICATION

When we classify things we put them in order, for classification means the arrangement of complicated material in such a way that those things are put together which are alike in one respect or another. Thus, classification makes it easier to memorize things. It is a very practical way of organizing the materials of lists of things which one must remember in daily life. You will notice that the very effort to classify things will make it easier to keep them in mind.

1. magazine
2. ink
3. bottle
4. fork
5. pencil
6. knife
7. glass
8. pamphlet
9. plate
10. eraser
11. book
12. ice
13. spoon
14. corkscrew
15. newspaper
16. pen

1. window
2. steamer
3. number
4. coat
5. car
6. wire
7. hat
8. chair
9. airplane
10. dial
11. table
12. dress
13. receiver
14. train
15. door
16. suit

1. dish soap
2. bananas
3. eggplant
4. yogurt
5. eggs
6. cheese
7. celery
8. green pepper
9. rolls
10. paper towels
11. apples
12. bread
13. grapefruit
14. potato chips
15. shoe polish
16. cookies
17. sponges
18. bleach

Taken from Stop Forgetting by Dr. Bruno Furst

TURNER LEARNING PROGRAMS

MEMORY AND AGING

"Memory loss should not be confused with overall mental decline. Psychologists have found that while memory may decline with age, judgement often significantly improves with age, and the ability to comprehend what is seen also improves with experience. When rapid response is required, older people do not react as quickly as younger ones. But this slow-down is normal, and is not a sign of mental decline."

Barbara Silverstone, Helen Kandel Hyman
You and Your Aging Parent

SUMMARY OF THE WORKSHOP ON MEMORY HELD 3/22/78 AT TURNER CLINIC

Factors Affecting How Well We Remember:

1. Anxiety: Things happening in our lives influence what we remember.

2. Interference: If interference is going on, chances are we are not learning well.

3. Loss: As we get older we get into the "Season of Loss" which can make it more difficult to concentrate. Retirement, death of spouse are changes that could have some effect on memory.

4. Health: Differentiate between Aging and Disease.

   Possible health causes of memory loss:

   Circulatory problems, hypoglycemia, thyroid deficiencies, nutritional deficiencies, vascular problems.

   Medication

   Depression or anxiety related to an event

   Organic causes of brain cell deterioration

5. Learning: Sometimes we forget because we did not learn the fact, name etc., well in the first place.

OTHER VARIABLES:

Sensory - Do we hear well? Do we have trouble shifting focus from a telephone book to the telephone and, in the process, forget the number?

Biological Age and Chronological Age - They are not the same. Some people experience changes at different ages.

Cultural - We are so concerned with what day it is, what time it is. The Navajo sheepherder is not as concerned with time. We have to reconsider our physiological characteristics in the light of our culture. Why is the calendar so important to us?

Meaningfulness - Must mean something to you for you to remember it.

WHAT TO DO ABOUT IT:

Take your Time. - Let's take our time. If it takes longer, let's really learn it.

Let it Register. - You can not retrieve it if you haven't really learned it.

Beware of Overload. - Narrow the choices that have to be learned. Let's learn one thing at a time.

Fear of Failure. - Talk with some one (psychiatrist, social worker) about what is worrying you and get help.

Compare yourself with someone your age or older who is still doing very well.

We have about 20 billion brain cells, so although some of them diminish with age it need not be critical.

Keep active and involved. If you have a reason to remember it is more likely that you will.

There is value in accepting some slow-down with age but this does not mean mental decline.

From Amster, L. & H. Kraus, The Relationship Between Life Crisis & Mental Deterioration in Old Age. International J. of Aging & H. Dev., 5, 51-55, 1974.

APPENDIX XI

THE GERIATRIC READJUSTMENT RATING SCALE (GSRRS)

RANK	LIFE EVENT	MEAN VALUE
1	DEATH OF SPOUSE	125
2	INSTITUTIONALIZATION	82
3	DEATH OF CLOSE FAMILY MEMBER	67
4	MAJOR PERSONAL INJURY OR ILLNESS	66
5	BEING FIRED FROM WORK	64
6	DIVORCE	61
7	MAJOR CHANGE IN FINANCIAL STATE	56
8	RETIREMENT	55
9	MARITAL SEPARATION FROM MATE	54
10	EYESIGHT FAILING	51
11	MARRIAGE	50
12	DEATH OF A CLOSE FRIEND	50
13	MAJOR CHANGE IN HEALTH OR BEHAVIOR OF FAMILY MEMBER	47
14	MAJOR CHANGE IN GRATIFYING ACTIVITIES	46
15	HEARING FAILING	46
16	CHANGE IN SEXUAL BEHAVIOR	45
17	CHANGE IN RESPONSIBILITIES AT WORK	43
18	CHANGE IN RESIDENCE OTHER THAN INSTITUTIONALIZATION	43
19	PAINFUL ARTHRITIS	42
20	FEELING OF SLOWING DOWN	41
21	CHANGING TO DIFFERENT LINE OF WORK	41
22	SPOUSE CEASING WORK OUTSIDE HOME	40
23	CHANGE IN LIVING CONDITIONS OR ENVIRONMENT	40
24	MARITAL RECONCILIATION WITH MATE	39
25	CHANGE IN SOCIAL ACTIVITIES	38
26	LOSING DRIVER'S LICENSE	34
27	CHANGE IN LIVING COMPOSITION	33
28	REACHING 65	32
29	REACHING 70	31
30	MAJOR CHANGE IN WORKING HOURS OR CONDITIONS	28
31	TROUBLES WITH THE BOSS	28
32	HOLIDAYS AND ANNIVERSARIES	23
33	ARGUMENT WITH CHILDREN	22
34	ARGUMENT WITH SPOUSE	20
35	VACATION	16

DR. BARTON'S OUTLINE OF HELPFUL HINTS FOR MEMORY COURSE

Recognition of stress, anxiety, loss, depression:

not doing usual daily activities
change in sleep pattern (too little, too much)
change in appetite
confusion
fainting
automaton like
superstitiousness
jumpiness
crying jags
overwhelming waves of guilt
outbursts of anger
feelings of being shattered
loss of self respect
ruminating - what I should have done
going from one friend to the next with a tale of woe
use of alcohol increases
use of drugs - own, others
dizziness
giddiness
irritability
feelings of rejection
accident proneness
nightmares
fear of death, disease
doing busy work instead of main work
"I'm doing all I can"
denial - the world's all wrong, I'm all right

Ways to cope:

1. Plan for retirement
   - have interests beyond work
   - have friendships in different age categories
   - build up a nest egg
2. Plan for spouse's death
   - share knowledge about business
     - bank accounts
     - wills
     - papers
     - property
   - share knowledge about homemaking
     - cooking
     - cleaning
     - laundry
     - shopping
     - repair people
3. Rely on a network of people:

relatives	organizations
friends	Meals on Wheels
church	Senior Citizens
clubs	Dial-a-Ride, etc.

4. Constructive action decreases stress - just starting a project
5. Learn new skills
6. Call on your sense of humor
7. Practice sound nutrition
8. Practice good sleep habits
9. Look at past achievements
10. Learn a relaxation technique - yoga, self hypnosis, meditation, muscle relaxation
11. Have leisure activities
12. Stop excessive use of alcohol, drugs, tobacco, caffeine
13. Role play ahead a stress filled situation
14. Anticipate life changes
15. Pace yourself
16. Exercise moderately

NAME_____

MEMORY GROUP FINAL EVALUATION

HOW WELL DO YOU:	NOT WELL			VERY WELL
1. REMEMBER WHERE YOU PUT SOMETHING?	1	2	3	4
2. REMEMBER APPOINTMENTS?	1	2	3	4
3. REMEMBER WHAT YOU STARTED TO SAY?	1	2	3	4
4. REMEMBER WHAT YOU WENT TO GET?	1	2	3	4
5. REMEMBER NAMES?	1	2	3	4

DO YOU:	A LOT			NEVER
1. WORRY ABOUT FORGETTING?	1	2	3	4
2. FEEL "DOWN IN THE DUMPS"?	1	2	3	4
3. FEEL EMBARRASSED ABOUT FORGETTING?	1	2	3	4

I. HOW WOULD YOU RATE THE INDIVIDUAL LECTURES THAT WERE GIVEN EACH WEEK IN THE MEMORY GROUP?

	POOR	FAIR	GOOD	EXCELLENT
1. NORMAL CHANGES OF MEMORY WITH AGING PROFESSOR HOWARD MCCLUSKY	___	___	___	___
2. HOW DRUGS AFFECT MEMORY JULIE REYNOLDS	___	___	___	___
3. DISEASES THAT AFFECT MEMORY DR. WOLFGANG MAY	___	___	___	___
4. NUTRITION AS IT AFFECTS MEMORY DR. EDWARD DOMINO	___	___	___	___

		POOR	FAIR	GOOD	EXCELLENT
5.	CURRENT RESEARCH ON MEMORY DR. AARON SMITH	____	____	____	_____
6.	EFFECTS OF DEPRESSION & STRESS DR. GAIL BARTON	____	____	____	_____
7.	PANEL OF PEOPLE WHO USE THEIR MEMORY IN THEIR WORK	____	____	____	_____

II. HOW WOULD YOU RATE THE USEFULNESS OF THE <u>EXERCISES</u> WE DID FOR IMPROVING MEMORY?

1.	ASSOCIATING NAMES WITH FEATURES AND CHARACTERISTICS	____	____	____	_____
2.	USING CLASSIFICATION AND CATEGORIES TO REMEMBER LISTS OF THINGS, LIKE GROCERIES.	____	____	____	_____
3.	USING PICTURES TO OBSERVE AND REMEMBER DETAILS	____	____	____	_____
4.	USING THE " IMAGINATION EXERCISE "	____	____	____	_____
5.	GROUP DISCUSSION OF PERSONAL EXPERIENCES WITH EMOTIONS AND MEMORY (DEPRESSION, STRESS)	____	____	____	_____
6.	WEEKLY REVIEW OF NAMES OF OTHER MEMBERS OF YOUR GROUP	____	____	____	_____
7.	REVIEWING VARIOUS EXERCISES	____	____	____	_____

III. 1. HOW MUCH NEW INFORMATION DID YOU LEARN FROM THE <u>MEMORY GROUP</u>?

NONE____ SOME____ QUITE A BIT____ ALOT____

2. WHAT INFORMATION MADE THE BIGGEST IMPRESSION ON YOU?

3. WHAT ELSE WOULD YOU LIKE TO KNOW ABOUT MEMORY?

4. HAS THERE BEEN ANY CHANGE IN YOUR ABILITY TO REMEMBER SINCE PARTICIPATING IN THIS GROUP?

NONE____ SOME____ QUITE A BIT____ A LOT____

5. DID THE EXERCISES FOR IMPROVING MEMORY HELP IN YOUR DAILY LIFE?

NONE____ SOME____ QUITE A BIT____ A LOT____

6. WHICH ONES DID YOU USE THE MOST?

7. OVERALL, WAS IT HELPFUL TO SHARE EXPERIENCES AND IDEAS WITH OTHER GROUP MEMBERS?

NOT AT ALL_____ SOME_____ QUITE A BIT____ A LOT_____

8. WAS THERE ENOUGH TIME FOR TALKING WITH OTHER PEOPLE?

NOT ENOUGH _____ ENOUGH____ TOO MUCH_____

9. HOW WOULD YOU IMPROVE A FUTURE GROUP?

THANK YOU.